

PROJECT NAME: _____

PROJECT#: _____

D.O.: _____

NEW JERSEY HOUSING & MORTGAGE FINANCE AGENCY

AFFIRMATIVE FAIR HOUSING MARKETING PLAN

I. APPLICANT AND PROJECT INFORMATION

| | | | |
|---|---------------------|--|--|
| 1a. Applicant's Name, Address (including city, State and zip code) & Phone number | | 1b. Project's Name, Location: (including city, State and zip code) | |
| 1c. Project/Application Number | 1d. Number of Units | | 1e. Price or Rental Range From \$ _____ To \$ _____ |
| 1f. Managing/Sales Agent's Name & Address: (including city, State and zip code) | | 1g. Approximate Starting Dates: Advertising: Occupancy: | |
| 1h. County: | | 1i. Census Tract: | |

II. MARKETING

| | | |
|---|--|------------------------------|
| 2a. Direction of Marketing Activity: (indicate which group(s) in the housing market area are least likely to apply for the housing because of its location and other factors without special outreach efforts) | | |
| <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander | | |
| 2b. Type of Affirmative Marketing Plan: (mark only one) | | |
| <input type="checkbox"/> Project Plan <input type="checkbox"/> Minority Area <input type="checkbox"/> White (non-minority) Area <input type="checkbox"/> Mixed Area (with _____% minority residents) | | |
| <input type="checkbox"/> Annual Plan (for single-family scattered site units) Note: A separate Annual Plan must be developed for each type of census tract in which the housing is to be built. | | |
| 2c. Marketing Program: Commercial Media: (Check the type of media to be used to advertise the availability of this housing) | | |
| <input type="checkbox"/> Newspapers/Publications <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Billboards <input type="checkbox"/> Other (specify) | | |
| Name of Newspaper, Radio or TV Station | Racial/Ethnic Identification of Readers/Audience | Size/Duration of Advertising |
| | | |
| | | |
| 2d. Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster: | | |
| (1) Will brochures, letters, or handouts be used to advertise? Yes No If "Yes", attach a copy or submit when available. | | |
| (2) For project site sign, indicate sign size _____ x _____; Logotype size _____ x _____. Attach a photograph of project sign or submit when available. | | |
| (3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the | | |
| <input type="checkbox"/> Sales/Rental Office <input type="checkbox"/> Real Estate Office <input type="checkbox"/> Model Unit <input type="checkbox"/> Other (specify) | | |
| 2e. Future Marketing Activities (Rental Units Only) Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied. | | |
| <input type="checkbox"/> Newspapers/Publications <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Brochures/Leaflets/handouts <input type="checkbox"/> Site Signs <input type="checkbox"/> Community Contacts <input type="checkbox"/> Other (specify) | | |

III. COMMUNITY CONTACTS

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|--|-------------------------------|-------------------|---|
| 3. To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area or SMSA. If more space is needed, attach an additional sheet. Notify HUD-FHEO of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.) | | | |
| Name of Group/Organization: | Racial/Ethnic Identification: | Approximate Date: | Person Contacted or to be Contacted: |
| | | | |
| | | | |
| | | | |
| | | | |
| Address & Phone Number: | Method of contact: | | Indicate the specific function the Group/Organization will undertake in implementing the marketing program: |
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IV. EXPERIENCE AND STAFF INSTRUCTIONS

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| 4a. Staff has experience. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4b. On separate sheets indicate training to be provided to staff on Federal, State and local fair housing laws and regulation, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing. |
| Additional considerations: Attach additional sheets as needed: |

V. CERTIFICATIONS AND ENDORSEMENTS

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|---|--|
| I hereby certify that the above information is true and correct to the best of my knowledge. I understand that knowingly falsifying the information contained herein may effect NJHMFA financial assistance for this project. | |
| After consultation with NJHMFA, the applicant's signature affirms that changes necessary to ensure continued compliance with the affirmative fair housing marketing requirement will be made. | |
| _____ Name (Type or Print) | _____ Name of Municipality or Housing Sponsor |
| _____ Signature of Person Submitting Plan (Contact Person) | _____ Date |
| _____ Title | |